

Utilization Management

EBD has contracted with American Health Holding (AHH) to provide utilization management. The utilization management services will include precertification, predetermination, and concurrent review.



Pre-determination is necessary to verify if you are active with the plan and if the services being requested is a covered benefit on the plan. AHH will maintain contact with the hospital providers to approve additional days for your hospitalization when your medical status changes and additional days are warranted for concurrent review.

Precertification and predetermination will be **necessary** for the list of procedures provided below but is not limited to this list. It will be necessary for your provider to contact AHH at 1-800-592-0358 to obtain authorization of the services being requested. This number is also printed on your insurance card. It is also your responsibility to verify or make certain the procedure has been approved to avoid problems with the payment for the services.

This precertification or predetermination list is mandatory, but not limited to:

Inpatient admissions	Cognitive rehabilitation	TMJ/TMD
Sub-acute admissions	Limited out-patient hospital	Home Nursing visits
Inpatient rehabilitation	surgical procedures	Pain Management
Skilled nursing facility	Physical therapy, occupational	
Residential treatment	therapy, speech therapy	
Transplants	Home infusion therapy	

Other Surgeries

- Bunionectomy (great toe alignment)
- Cochlear implants (implant for loss of hearing)
- ESWT (extracorporeal shock-wave therapy)
- IDET (intradiscal electrothermal therapy)
- Lithotripsy (shock wave for kidney stones)
- Septoplasty (nasal septum repair)
- Strabismus repair (vision correction for misalignment of one or both eyes)
- UPPP (uvulopalatopharyngoplasty removal of tissue in the throat for treatment of sleep apnea)
- Varicose vein excision and ligation

Radiology Services that require pre-authorization

- Computerized Tomography (CT scan)
- Magnetic Resonance Imaging (MRI)
- Magnetic Resonance Angiography (MRA)
- Positron Emission Tomography (PET scan)

When medically necessary, potentially cosmetic surgeries, including but not limited to:

- Blepharoplasty and/or brow lift
- Gynecomastia reduction (male breast reduction)
- Lipectomy (fatty tissue removal)
- Mammoplasty (breast augmentation or reduction)
- Panniculectomy (excess layer of abdominal tissue removal following weight loss)
- Pectus excavatum repair (repair of concave chest wall)
- Radial keratotomy (unless excluded from coverage)
- Rhinoplasty (nose repair)
- Ventral hernia repair

